	Filing Fee \$5.00					
N	DOMESTIC NONPROFIT CORPOI	RATION				
	STATE OF MAIN	NE				
CE	RTIFICATE OF A	MENDMENT				
			Deputy Secretary of State			
			A True Copy When Attested By Signature			
	(Name of Corporation)	)	Deputy Secretary of State			
Pursuant to 13	MRSA §934, the undersign	ned corporation executes and	delivers the following Articles of Amendment:			
FIRST:	("X" one box only.)	public benefit corp	oration  mutual benefit corporation			
SECOND:	Describe <b>NATURE OF CHANGE</b> (i.e. change in name of corporation, purpose, number of directors, adding or deleting section or revision of section of the Certificate of Organization, etc.) as well as <b>TEXT</b> of amendment. Attach additional pages as needed.					
	-					

THIRD:	("X" o	one box only.) The amendment was add	opted on (date)	as follows:		
		By the members at a meeting at wh of the votes which members were er	ich a quorum was present and the am titled to cast.	endment received at least a majority		
		(If no members, or none entitled to vote thereon.) By majority vote of the whole board of directors or trus or managing board, however designated, taken at any legal meeting.				
AUTHORIZE	ED SIGNA	ATURE*:				
DATED						
			(signature of secretary of	or clerk)		
			(type or print name and	capacity)		

Please remit your payment made payable to the Secretary of State.

Submit Completed form to: Secretary of State

**Division of Corporations, UCC and Commissions** 

101 State House Station Augusta, Me 04333-0101

Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

<sup>\*</sup>This document MUST be signed by the secretary or clerk of the corporation. (13 MRSA §934)